

SHE ACADEMY VOLUNTEER APPLICATION

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| A. Applicant Information | | |
| Name: (First, MI, Last) | | Telephone: (Home/Cell) |
| Address: (No. and Street) | | Email Address: |
| City, State, Zip Code: | | |
| B. If a volunteer is working with minors or will be driving to perform activities they must fill out questions below about criminal convictions. All other volunteers may skip Section B. | | |
| Have you ever been convicted of any crime (felony or misdemeanor)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you currently under charges for any crime? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If you answered "yes" to either of the above questions, please explain in Section F below or attach a separate sheet. None of the above circumstances represents an automatic bar to volunteer for work. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position(s) for which you are applying. | | |
| C. Emergency Contact: | | |
| Name: _____ Daytime Telephone Number _____ | | |
| D. Are You Under 18 Years of Age? (If yes, a parent or guardian must sign below.) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date of Birth: _____ (mm/dd/yy) |
| PARENT/GUARDIAN PERMISSION (Only if Volunteer is under 18 years of age) | | |
| Print Name: _____ | Signature: _____ | |
| Relationship to Volunteer: _____ | Date: _____ | |
| I certify that the answers on this Volunteer form are correct to the best of my knowledge and belief and that a false statement knowingly made may be considered cause for termination of volunteer service. | | |
| Volunteer's Signature: _____ | | Date: _____ |
| <ul style="list-style-type: none"> ➤ She Academy staff must verify the volunteer's identity before signing and submitting this application to the Volunteer Coordinator. ➤ A photocopy of the volunteer's driver license must be attached to this application if the volunteer will be driving a state or personal vehicle to perform activities. | | |
| E. FOR STAFF ONLY | | |
| She Academy Representative: | | |
| Signature: _____ | | Date _____ |
| She Academy Board Member: | | |
| Signature _____ | | Date _____ |
| F. Remarks or additional information: | <input type="checkbox"/> Additional information attached | |
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